| RMA Request Form

Date: _____   Contact Name: _____   Company: _____

Address: _____   City: _____   State: _____   Zip: _____

Phone: _____   email: _____

Customer PO #	Part Number	Quantity	Production Code (Cube / Power Supplies Only)	Reason for Return*	Details/Explanations
			* If defective, please indicate if you would like a CREDIT or a REPLACEMENT after evaluation is completed.			
Office Use Only: OR#_____ LN#_____ IN$_____ SD#_____ RSF_____ ACCT#_____					
			* If defective, please indicate if you would like a CREDIT or a REPLACEMENT after evaluation is completed.			
Office Use Only: OR#_____ LN#_____ IN$_____ SD#_____ RSF_____ ACCT#_____					
			* If defective, please indicate if you would like a CREDIT or a REPLACEMENT after evaluation is completed.			
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